

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>003283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/31/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY CHARM VILLAGE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7212 US HWY 31 S</b> <b>INDIANAPOLIS, IN 46227</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit [PSR] to the Investigation of Complaint IN00112742 completed on 08-02-12.</p> <p>Complaint IN00112742 - Corrected.</p> <p>Survey date: August 31, 2012</p> <p>Facility number: 003283 Provider number: 003283 AIM number: NA</p> <p>Survey Team: Mary Jane G. Fischer, RN</p> <p>Census bed type: Residential: 72 Total: 72</p> <p>Census payor type: Other: 72 Total: 72</p> <p>Sample: 3</p> <p>Country Charm Village was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00112742.</p> <p>Quality review completed on August 31, 2012 by Bev Faulkner, RN</p>	{R 000}		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1